COMMISSION ON MENTAL HEALTH AND DEVELOPMENTAL SERVICES FRIDAY, JANUARY 19, 2001 9:00 AM

MEETING LOCATION: SNAMHS

CONFERENCE PHONE MEETING ACCESS AVAILABLE THROUGH: SRC – 775/688-1930

MINUTES

PRESENT: Frances Brown, MSN, MSEd, RN, Chairperson

Eric C. Albers, Ph.D.

David Ward Rena Nora, M.D.

Elizabeth Richitt, Ph.D. John Brailsford, Ph.D.

ABSENT: Joseph Toth, M.D.

STAFF Carlos Brandenburg, Ph.D., MHDS PRESENT: Debbie Hosselkus, LSW, MHDS

Dave Luke, Ph.D., SRC (via conference)

Mike Torvinen, ASO IV, MHDS Jim Northrop, Ph.D., SNAMHS

Larry Buel, Ph.D., RC Marcia Bennett, Ph.D., RRC Stan Dodd, LCSW, DRC Harold Cook, Ph.D., NMHI Richard Tanner, SRC

Peter Steinmann, SRC (via conference)

ALSO Brian Lahren, WARC (via conference)

PRESENT: Misty Allen, Crises Call Center

Robert Burnham, NAMI Southern Nevada

Vic Davis, NAMI Nevada

Richard Jones, Mojave Services

James Stamper, Caminar

Ann Smith, Nevada Legislative Task Force (Vision Plan)

Jill Smith, NDALC

Kim Spoon, No. Nevada Advisory Board (via conference)

Curtis Lockhart, Sr.

Ed Guthrie, Opportunity Village

Bruce Alder, DCFS Christa Peterson, DCFS

Paula Berkley, EduCare (via conference)

CALL TO ORDER

Chairperson Frances Brown called the meeting to order.

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MOTION

Following discussion regarding suggested revisions to the minutes, Mr. David Ward made a motion to approve the minutes of the last meeting as corrected. Dr. Elizabeth Richitt seconded. Motion carried. Dr. Eric Albers stated he was impressed with the depth of the minutes and thanked lke for her efforts.

UPDATE ON COMMISSION REPRESENTATIVE: GENERAL PUBLIC-MENTAL HEALTH

Dr. Carlos Brandenburg reported that six nominations were received for consideration for the Commission vacancy. Following discussion regarding the importance of having a rural representative, as well as maintaining a balance between the north and south, the Commission asked Dr. Brandenburg to submit the nominations to the Governor for his consideration, stressing the Commission's interest in filling the vacancy from the rurals. Mr. Ward thanked the outstanding candidates for their interest in participating.

NEW LAS VEGAS DEPUTY ATTORNEY GENERAL – SUSANNE SLIWA

Ms. Cindy Pyzel introduced Susanne Sliwa and joined the Commission in welcoming her.

MENTAL HEALTH IN NEVADA – VISION FOR THE FUTURE

Mr. Vic Davis presented the Vision for the Future concept paper, stating that 14 people contributed in trying to define a concept that could move forward. He reminded the Commission that the contributors were an independent group and were not restrained by political issues or budget restraints. He stated that the group attempted to develop a comprehensive system to meet mental health needs in Southern Nevada, identifying current gaps. As mentioned by Dr. Rena Nora, he did state they missed the concept of suicide prevention. He apologized, but stated that they were rushed to get the paper out to allow suggestions and to educate legislators on the system. A copy will be provided to every legislator. The objective was to create a comprehensive lifetime care system, enabling simple entry into a continuous tracking system.

Dr. Albers noted the lack of addressing child mental health services. He felt if a state plan was going to be created, it couldn't be done without including children. Mr. Davis stated that DCFS was asked for input, however he did not receive any. Dr. Albers also inquired about the potential problems with PACT programs and the continued professionalization of those programs, along with the cost of keeping professionals.

Ms. Brown thanked Mr. Davis for his comprehensive report. Dr. Nora commended the report for not only stressing the weaknesses as well as the strengths, but also the recommended solutions. She again stressed that prevention was the key.

CORRESPONDENCE/INFORMATION

Dr. Brandenburg discussed Nevada's expenditures as compared to the nation's expenditures for mental health. He reported that both MHDS and DCFS were above the national average in utilizing funds for mental health services.

Dr. Brandenburg also reported on the MHDS 10-Year History – Funding and Clients Served, pointing out the increased dollars, as well as total clients served.

He shared five editorials that appeared in the *Reno Gazette Journal* as a result of the conference held in Reno, which was sponsored by Rosetta Johnson. He further reported that Senator Randolph Townsend may be developing legislation regarding mental health courts. Judge Breen is also

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conducting meetings, as there is an increased appetite in the north to address a mental health court. There has been much collaboration between the county and the state in the planning process. The Division is taking a neutral stance, as it is not included in the Governor's budget. Dr. Brandenburg stated he felt the mental health court, if developed, should be located in the north, as the numbers in the north would be more manageable than in the south. The likelihood of success would be greater with the smaller numbers.

MENTAL HEALTH COURTS

Dr. Northrop reported for Ms. Rosetta Johnson, reading her statement that it has become a national disgrace regarding the criminalization of mentally ill people. Rather than being offered treatment, mentally ill persons are being put in jails. The People's Summit to End the Criminalization of the Seriously Mentally III was a success and brought us closer to educating the public on this issue.

CRISIS CALL CENTER SUICIDE HOTLINE REPORT

Ms. Misty Allen reported that the awareness of the hotline continued to improve due to their outreach efforts. As recommended at the last Commission meeting, they have made more connections with rural agencies. She stated that Dr. Larry Buel was a great help in offering the center's support to rural communities. The center will continue to work on prevention and outreach.

Dr. Albers asked how small communities dealt with suicides. Dr. Buel stated that just recently Battle Mountain lost a youth and a teacher to suicide. Ms. Allen and the rural agencies worked with the school to develop a system of debriefing and counseling. They counseled 70 – 80 adolescents, as well as school superintendents and teachers. Dr. Buel felt it worked reasonably well with the limited resources. Dr. Buel also stated that some systems were not receptive to outside help. However, due to the teacher's suicide, they have become aware of the necessity for help.

Dr. John Brailsford felt, that though tragic, it presented an opportunity to educate the community regarding suicide and how quickly it can come into our lives. He stated he was thankful for the Crisis Call Center being in place. He hoped that one day the hotline would be so well known that it would serve as prevention to suicides.

Dr. Nora commended the program and its activities. However, she stressed the importance of being prepared for step two. Once we have them, what will we do with them? Priorities must be set for money to keep the momentum going. She referred to the recent *Las Vegas Review Journal* article, which stated that Nevada dropped from the #1 position in suicides; Nevada is still double the number in comparison to national averages. She stressed the importance of getting awareness out to the public, as they may get the wrong idea that we are doing better now. We cannot discount the centers, as they deescalate many calls that do not go to the police.

ACTION: Ms. Allen was asked to provide yearly data in her reports, rather than data for a 6-month period, to enable the Commission to review comparison data. They would also like to review the growth rate in Clark County and how that is affecting the number of calls received.

Dr. Nora stated that one day it would not be just numbers. There is a hunger for other information. UMC is doing research on why suicides occur. This research is important in terms of prevention and treatment.

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When questioned about funding, Ms. Allen stated that the Governor did fund the hotline this year, but that funding would not include outreach. She feels outreach continues to be of great importance.

Dr. Elizabeth Richitt asked Ms. Allen what she would ask for if there were no political realities or budget restraints. Ms. Allen responded that she needed more people to volunteer. Discussion followed concerning the possibility of UNR offering credit for service to the Crisis Center. Perhaps interns from UNLV would also be of help in fielding calls for the south.

MHDS ADVISORY BOARDS

Southern Advisory Board

Mr. Stan Dodd reported for Mr. Jeff Engelke. Mr. Dodd indicated that the Southern Advisory Board was waiting for the Governor's State of the State Address and his recommended budgets. They will then compose a letter to the Governor with their recommendations.

Northern Advisory Board

Ms. Kim Spoon reported for Dr. Henry Watanabe, indicating the board had three new members for consideration by the Commission: Mr. Stewart Gordon, Dr. Gene Grass and Mr. Joe Tyler. The commissioners tabled their consideration until the Round Table.

Ms. Spoon also stated that the Northern Advisory Board continued in their efforts to attract corporations offering long-term transitional help to Nevada. She projected 50 – 100 persons were being sent out of state by several agencies, including Medicaid and Veterans Administration, due to behavioral challenges, as Nevada does not have the resources to handle them.

Ms. Brown related to Ms. Spoon that the Commissioners wanted to become more involved with the advisory boards, both in the north and the south. She asked what kind of assistance they would like from the Commission. Ms. Spoon requested that Mr. Ward and Dr. Albers attend the next Northern Advisory Board meeting to assist in developing a course of action to help the community. They both agreed to attend the 2/13/01 meeting. Ms. Brown also stated that several Commission members in the south would become more involved in the Southern Advisory Board as well.

Mr. Dodd thanked the Commission and stated he would send emails announcing the meetings.

PUBLIC COMMENT

Mr. Curtis Lockhart expressed his distress at not having a case manager. He complained of the long wait. Mr. Ward thanked him for his comments and stated that the Commission would inquire about the delays. Mr. Curtis had several other issues, however Ms. Jill Smith, NDALC, advised him to not discuss his other issues in an open forum, stating that NDALC could not represent him if he did so.

Dr. Brian Lahren, WARC, expressed his concern for an individual on Nevada's death row. The individual has an IQ of 64. Dr. Lahren was hoping the Commission could review the situation and offer support to a bill sponsored by Assemblywoman Sheila Leslie whereby it would make it impossible for a mentally retarded person to be put to death on death row.

Concerning agenda item 15, Training Curriculum for Client Rights and Client Abuse/Neglect, Dr. Lahren asked if the Division of MHDS intended to work with the staff of the provider community as well as Division staff. He felt the Division should work with the provider community to insure

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compliance and fair judgment. He stressed the importance of clients understanding their rights. He reported that DCFS has a training coordinator and provides year-end and ongoing training.

PSYCHIATRIC ADVISORY COMMITTEE UPDATE

Dr. Nora reported that the Psychiatric Advisory Committee was in the process of developing guidelines for Nevada on the use of atypical antipsychotic medications. Dr. Albers commended the committee and asked if they were aware that the same medications were being prescribed for adolescents. He asked why the committee was focusing on adult mental health only. Dr. Nora related that Dr. Elizabeth Tully, DCFS, sat on the committee.

Dr. Brandenburg stated that it was Director Crawford's feeling that we should focus on MHDS, rather than DCFS, as MHDS has the bulk of the newer medication budget money. It is being done with the understanding that we can use the same information to go to legislators concerning adolescents.

Dr. Nora reported that the use of medications would be spelled out for children as well as for adults and the elderly. The committee is not just encouraging the use of PACT, but all other approaches of use of medications as well. In most states, the money is the primary focus. In Nevada, we have support from clinicians, as they drive the choice for medications. The newer medications also cause fewer side effects, which encourages the continued use by the patient. Continued use early on has a greater impact upon them as well.

ACTION: The Commission requested a copy of the guidelines upon their approval by Director Crawford.

CAMINAR PEER COUNSELOR UPDATE

The Peer Counseling Grant was awarded to Caminar to provide peer counseling services in Nevada. Mr. James Stamper reported that Caminar had been providing mental health services for 30 years. He stated that peer counselors were individuals currently receiving mental health services. They are available to augment treatment team services. Who better knows about the illness than someone who has experienced the system, bringing insight into the services provided? The focus is to educate the agencies on what role the peer counselors will play.

Mr. Ward asked how large a peer counselor's caseload would be when they were fully trained and functional. Mr. Stamper stated that they would not receive a caseload, as they are not managers. Peer counselors will sit on the team and work with all clients. The push will be to move the peer counselors into case manager roles.

Dr. Brandenburg explained that the peer counselor positions were an entry into the state system for our consumers. MHDS is interested in getting our consumers to work for us. There has not been an entry system for the State of Nevada prior to this. If peer counselors work for us for a certain amount of time, they can then apply for openings within the state. Use of peer counselors will differ within each region in order to meet the needs of each individual facility.

Dr. Albers liked the concept and thought it was very visionary. He stated that he represented a different profession. In his experience, the licensing board has a narrow view. There may be some boundary issues regarding confidentiality. From a social workers perspective, he was concerned about one client talking to and about another client. He asked if Caminar had worked with the licensing board on these issues. Mr. Stamper stated that they might have to hire people who

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received services from a different facility. He reported that they had not experienced any problems in California, as the peer counselors are considered a part of the county system. Confidentiality is handled by each facility. He further stated that, in California, Caminar was developing a curriculum within the university to get the course work necessary to assist peer counselors in their qualifications.

Dr. Nora felt that if supervision, monitoring, etc. were in place, they might be practicing with some autonomy.

Mr. Stamper reported that the individuals hired do not hold LSW or Ph.D. degrees, but they do go through an extensive array of training to meet policy and procedure requirements. Dr. Brandenburg said they also go through MHDS' orientation process. He reported other states use this type of entry level peer counselors, who then move on to higher levels of education. He further stated that peer counselors would not take the place of those professional staff already in place.

COMMISSION ANNUAL REPORT UPDATE

Deferred to Round Table.

BUILDING #3 CIP RETROFIT UPDATE

Dr. Northrop reported the building was being repaired.

TRAINING CURRICULUM FOR CLIENT RIGHTS AND CLIENT ABUSE/NEGLECT

Dr. Crowe referred the Commission to their packets. He stated the curriculum was developed as a result of Quality Assurance visits in 1998. He also stated that Dr. Brandenburg had asked for an assessment of needs. As a result, both documents came to the attention of the training committee. The curriculum will provide materials and will track the use of the materials as well.

Dr. Marcia Bennett asked if the curriculum covered person-to-person abuse and neglect. Ms. Pyzel replied that statutory definition of abuse excludes client-to-client contact. Although it may not be legally abusive, it is a behavioral deficit.

Dr. Brandenburg stated that MHDS wanted to deal strictly with abuse and neglect to get everyone on the same page immediately, adhering to the statutes.

Dr. Nora asked if patient rights overlap with patient safety. Dr. Crowe stated that all policies that pertain to patient care are covered as part of Division training.

Dr. Albers stated that sometimes policies are reactive rather than proactive. He asked if an increased rate of abuse and neglect created the need for this training curriculum. Dr. Crowe stated that statistics were monitored; however there had been no major changes. He reported that the initial cause of concern was the lack of documentation of training in the personnel files.

Dr. Richitt asked if the community-based providers would require the training, and if so, what the Division planned in the way of working with them on the curriculum. Dr. Brandenburg reported the curriculum was intended for the staff of MHDS. Eventually, it would be generalized and community-based providers could be included in the training by using our resources.

Ms. Jill Smith expressed her wish that the training committee continue to utilize NDALC as a source to provide material.

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UPDATE ON STATEWIDE MEDICAL COORDINATOR'S POSITION

Ms. Debbie Hosselkus reported that Dr. David Rosin would begin 1/19/01, and that his office would be located in the south at SNAMHS.

DCFS STATUS REPORT

Dr. Christa Peterson stated she was at the meeting on behalf of Steve Shaw. She distributed an article entitled "Surgeon General Releases a National Action Agenda on Children's Mental Health." She reported that additional copies could be obtained from the website address given in the report.

She also distributed and reviewed the protocols in place between DCFS and SNAMHS and NMHI regarding transition from child to adult mental health services. The north utilizes one case manager for all cases. In the south, there are larger numbers, but a consistent process and protocol are followed.

She also provided a graph depicting a 5-year synopsis of DCFS clients (ages 6 – 18) in both north and south.

Dr. Albers asked if most of the adolescents were on medication. Dr. Peterson stated that approximately 50% were.

Dr. Peterson reviewed transition protocols. She stated DCFS in the north worked very closely with the rural areas, as there are very few services available. It is routine to transfer clients, as well as information.

ACTION: DCFS was asked to report at all Commission meetings. Dr. Peterson stated she would report for the north and south and Bruce Alder would report for the rurals.

Ms. Brown asked if there was a local governing board for DCFS. Dr. Peterson stated that DCFS did not have one.

MENTAL HEALTH PLANNING ADVISORY COUNCIL

No report.

NEVADA DISABILITY AND ADVOCACY LAW CENTER

In reference to earlier discussion, Ms. Jill Smith stated that the issues of privacy must be safeguarded when sharing information via email.

She reported on new legislation being passed that deals extensively with mental health and substance abuse issues. Federal money is available for that. She distributed "Mental Health," a report by the Surgeon General, stating children's mental health was mentioned as well.

Ms. Smith reported that Senator Raymond Rawson was carrying the development and implementation of the Olmstead state plan and that a bill draft was pending.

She also reported that Senator Randolph Townsend was carrying the provider rate increase issue.

Dr. Brailsford requested that Ms. Smith inform the Commission on some of the issues coming before the legislature, sharing what NDALC's issues were and why. He felt this would enable the

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Commission to better express their views. Ms. Smith stated she would try to do that, however, she told the Commission she was resigning the end of February. She mentioned that NDALC had a website for review of position papers. She did state she would come to meetings to offer public comment.

Dr. Brandenburg stated that MHDS tracks every bill that is introduced that mentions mental health, substance abuse, developmental services, etc. Ms. Hosselkus, being the Legislative Liaison, submits an issue paper.

ACTION: Ms. Hosselkus will forward the legislative tracking sheet to the Commissioners weekly. She will designate priorities as they come out.

ACTION: Ike was requested to send agendas and minutes to Ms. Smith when she reported her new address.

Ms. Pyzel asked Ms. Smith if NDALC had looked at the mental health court issue. Ms. Smith stated that generally speaking, it had a lot of merit and that NDALC would support it.

She further reported on several issues that concerned NDALC. She specifically requested that the Commission become involved with the poor formulary and medication treatment in the jails.

In addition, she requested involvement regarding transition for adolescents. Transition does not plan for community placement, but rather for out of state placement. She stated it would be helpful when DCFS becomes more involved with the Commission. She felt the rules were not being consistently followed regarding adolescents. She again mentioned the use of high levels of Thorazine and the practice of children being placed in inappropriate environments.

MHDS EMERGENCY DISASTER UPDATE

Dr. Crowe reviewed the statewide plan, and reported that ongoing training for staff continued.

LCB AUDIT REGARDING NMHI REPORT

Dr. Harold Cook reviewed the audit, which took place during the first quarter of FY 1999. NMHI received 15 recommendations regarding billing practices, which were accepted and are being addressed. Dr. Brandenburg has designated central office staff to take the lead to develop a uniform billing system for the north and the south. NMHI's billing practices are being altered to be compatible with that of the south. There will be one fiscal intermediary for Medicare billing and be reduced to one accountant firm. The process has begun and will continue. Dr. Cook reported that the newspapers gave incorrect information. The \$650,000 listed in bad debts is not lost, as NMHI can recover it and will do so.

AGENCY DIRECTORS REPORTS

The Commission reviewed the agency directors' reports and stated that a uniform reporting form would be forthcoming. They felt this would save valuable time for the directors, as well as the Commission. The additional time to review the information would enable the Commissioners to formulate their questions.

ACTION: Dr. Brandenburg was asked to share the form with Steve Shaw from DCFS.

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ACTION: Dr. Larry Buel was asked to submit a map of the rural clinics at the next meeting.

ROUND TABLE

The directors reviewed caseloads and census information. Ongoing staffing problems continue. The Commission asked for specific information and reported that a standardized form was being developed to streamline the reporting process for agency directors.

DCFS STATUS REPORT

Dr. Peterson distributed a sample DCFS monthly report. She reported on the year-end data, stating the average caseloads were 25 in the north and 64 in the south. The most recent waiting list data indicates (outpatient) numbers 185 in the north and 91 in the south. She stated the north was addressing their waiting lists by working with Mojave.

Dr. Peterson reported that the south had been awarded a six-year grant for case managers and expanding family support services. The grant award has been approved by IFC; therefore, recruitment will begin.

ACTION: The Commission asked that Mr. Mike Howie, Mojave, be placed on the March agenda.

REPORT FROM MHDS COMMISSIONERS/ROUND TABLE DISCUSSION

MOTION: Mr. Ward made a motion to approve the three nominations to the Northern Nevada Advisory Board (from a previous agenda item). Dr. Albers seconded. Motion Carried.

ACTION: Dr. Brandenburg will inform the Northern Nevada Advisory Board of the Commission's approval.

Once again, the Commissioners stressed the need for information from DCFS and BADA regarding applicable legislation, as well as information concerning advisory boards and bylaws.

ACTION: Dr. Brandenburg will request policies related to children's mental health.

ACTION: The Commissioners asked Dr. Brandenburg to invite Jackie Crawford, Yvonne Silva and Charlotte Crawford to present at the next meeting.

Dr. Brandenburg reported that MHDS' Budget Hearing was scheduled for March 1, stating that it was an opportunity for the Commissioners to make a presentation.

GRANT WRITER

The Commissioners stated their avid interest in obtaining a grant writer. They reviewed the many grants available and asked if MHDS pursued any of those monies. Dr. Brandenburg reported that DHR was developing a grant management team. He also stated that he receives grant notices from SAMHSA, etc. Dr. Brailsford mentioned that in home family therapy was available through a federal grant. He wondered if MHDS could use such a grant through the PACT program. He stated he would obtain more information and forward it to Dr. Brandenburg.

MOTION: Mr. Ward asked the Commission to entertain a motion to create an internal policy to deal with absenteeism by a Commissioner. He asked Ms. Brown to invite Dr. Toth to attend the next two

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meetings or be asked to resign. He also stated that the bylaws would be revised to incorporate such housekeeping. Dr. Richitt so moved; Dr. Albers seconded. Motion carried.

SUICIDE ISSUES

Dr. Nora recommended more discussion regarding suicide. She stated the Surgeon General called for action. Senator Reed is calling for action as well. She felt it was something the Commission should pay attention to. Perhaps the question should be "why?" rather than "how many?" We seem so busy putting out fires, that we fail to notice that for every completed suicide, there are six to eight individuals who are affected by it. Very few programs are available for those affected by a suicide.

Dr. Brandenburg reported that he had invited Dr. Fildes to go to Battle Mountain to help with the suicides in that community, however he did not respond.

REPORT TO THE GOVERNOR

Ms. Brown discussed the upcoming report to the Governor. Dr. Brandenburg stated that since the meeting in March would be after the budget hearings, he would present the budgets at the March 16 meeting. He stated DCFS would be in a position to do so as well.

Dr. Albers asked if there was a mechanism in place that allowed for the Commissioners to be made aware of upcoming legislation regarding mental health or developmental services. Dr. Brandenburg offered to have lke email the tracking sheet to the Commissioners on a weekly basis.

Following discussion regarding giving testimony, Dr. Brandenburg assured Ms. Brown that even though she worked for the University Community College System of Nevada, if she identified herself as the Chairperson for the Commission, it would not be considered a conflict of interest.

Respectfully submitted,

Ike Cress
Recording Secretary